

XXXXXXX

XXX

XXX XXXXX XXXX
E-FILE

PROPOSED TAX DUE

MAY 3, 2013

XXX-XX-XXXX & XXX-XX-XXXX
Tax Year: 2012

LAST FIRST M & FIRST M
STREET ADDRESS
WASHINGTON MI 48094

Proposed Tax:	2,023.00
Penalty:	0.00
Interest:	2.00
Total Due:	\$2,025.00

Respond By: 06/03/2013

A review of your electronically filed Michigan Income Tax Return for the year indicated above resulted in adjustment(s) to your return. Based on the adjustment(s), you will owe additional tax. The reason for the adjustment(s) is explained below.

Your claim of credit forward from the previous year's return disallowed. A refund of this amount was issued to you.

If you agree with the adjustment(s) made to your return, attach your payment for the amount indicated above to the enclosed copy of this letter and return it to the MI Department of Treasury. Make the check/money order payable to "State of Michigan" and write your social security number and the tax year on the front of the check. Reply within 30 days with a copy of this letter.

If you disagree with the adjustment(s), write the Department of Treasury requesting a re-evaluation. State why you believe the adjustment(s) is/are incorrect and include documents (federal return, schedules, property tax statements) to support your claim. Send correspondence to: Michigan Department of Treasury, Income Tax Section, P O Box 30058, Lansing, MI 46909. If you have questions, call Customer Services at 1-517-636-4486.



The Commonwealth of Massachusetts
Department of Revenue
Audit Division
200 Arlington St. - Room 4300
Chelsea, MA 02150

AMY A. PITTER, COMMISSIONER
JOSEPH J. MCDERMOTT, DEPUTY COMMISSIONER

Notice 00XXX
T/P ID XXX-XX-XXXX
Date 02/20/14
Bureau DESK AUD
Examiner Desk Audit
Phone (617) 887-XXXX

FISRT M. LAST 971C
STREET ADDRESS
SOUTH PORTLAND ME 04106

NOTICE OF INTENT TO ASSESS

This is an official notice from the Massachusetts Department of Revenue

RESPONSE FORM

The office of Appeals is a separate office within the Department of Revenue that settles tax disputes and conducts pre-assessment conferences relating to taxpayer appeals. If you wish to appeal this notice, you may request a conference to dispute the proposed assessment pursuant to G.L. c. 62C § 26(b), request settlement consideration pursuant to G.L. c. 62C § 37(c) or both, with the Office of Appeals.

If you wish to request a pre-assessment conference or settlement consideration, please submit the response Form with a statement of your intentions. Upon receipt of your request, the Department will send you Form DR-1, "Request for Conference of Settlement Consideration" for you to complete.

If what you are seeking is a general discussion of your case or if you want to provide additional information, please contact the auditor.

Please mail this response form with all written correspondence to the following address:

**Massachusetts Department of Revenue
Refund Review Unit
200 Arlington Street Room 4300
Chelsea, MA 02150**

Address or phone number change.

Please complete if your address or phone has changed.

Apt# _____ .

City _____ **State** _____ **Zip** _____ .

Home Phone () _____ **Work Phone ()** _____ .